

# Advance Directives

---

## MENTAL HEALTH CARE POWER OF ATTORNEY

### Statutory Form

I, \_\_\_\_\_, being an adult of sound mind, voluntarily make this declaration for mental treatment. I want this declaration to be followed if I am incapable, as defined in Section 36-3281, Arizona Revised Statutes. I designate

\_\_\_\_\_  
(include the person's name, address and telephone number) as my agent for all matters relating to my mental health care including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related mental health care. If my agent is unable or unwilling to serve or continue to serve, I appoint

\_\_\_\_\_  
(include the person's name, address and telephone number) as my agent. I want my agent to make decisions for my mental health care treatment that are consistent with my wishes as expressed in this document, or if not specifically expressed, as are otherwise known to my agent.

If my wishes are unknown to my agent, I want my agent to make decisions regarding my mental health care that are consistent with what my agent in good faith believes to be in my best interests. My agent is also authorized to receive information regarding proposed mental health treatment and to receive, review and consent to disclosure of any medical recording relating to that treatment.

This declaration allows me to state my wishes regarding mental health care treatment including medications, admission to and retention in a health care facility for mental health treatment and outpatient services.

(Initial one of the following)

\_\_\_ This mental health care power of attorney is irrevocable if I am incapable of revoking it.

\_\_\_ This mental health care power of attorney is revocable at all times.

The following are my wishes regarding my mental health care treatment if I become incapable, as defined in Section 36-3281, Arizona Revised Statutes:

I consent to the following mental health treatments:

---



---



---